



Homeland  
Security

United States  
Coast Guard



# Department of Defense Medical Treatment Invoice Submission 2010



Deputy Commandant for  
Mission Support (DCMS)



- Proper SF-1080 submission (what the Coast Guard needs from DoD to ensure timely reimbursement)
- Requirements for DD7/DD7A
- Show stoppers: errors that cause delays in processing bills





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Coast Guard



Navy



Army



Air Force



Deputy Commandant for  
Mission Support (DCMS)



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Security

# SF-1080 and DD7/DD7A

United States  
Coast Guard



- The SF-1080 is the equivalent of an invoice or bill
  - States what the Coast Guard owes your MTF
- DD7 and DD7A are corresponding supporting documentation for the SF-1080



Deputy Commandant for  
Mission Support (DCMS)



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# How to fill out the SF-1080



Deputy Commandant for  
Mission Support (DCMS)



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United States Coast Guard



### 1. Voucher No.:

Leave blank. Coast Guard uses this space to assign standardized invoice number.

### 2. Schedule No.:

Leave blank. Coast Guard uses this space for internal purposes.

### 3. Bill No.:

Place distinct invoice number so that we can cross reference your bill number to our voucher number

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here						BILL NO.	
Address						Your space	
Address						PAID BY	
City, State Zip code							
Department, establishment, bureau, or office charged							
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT		
		OUTPATIENT <td></td> <td>COST PER <td colspan="3">DOLLARS AND CENTS </td></td>		COST PER <td colspan="3">DOLLARS AND CENTS </td>	DOLLARS AND CENTS		
	1-Nov-06	Active Duty (C00, C11, C12, C13, C14, C22)	150		\$54,000.00		
	Thru 30-Nov-06	Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00		
		Retiree (C31, C32, C33)	78		\$95,622.00		
		Retiree Family Members (C43, C47, C48, C49)	30		\$65,877.00		
				TOTAL	\$224,045.00		
Remittance in payment hereof should be sent to -							
Remittance Unit name here							
Address							
Address							
Address							
City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds							
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS							
123456789							
January 0, 1900 (Date)				Certifying Officer Name here (Authorized administrative or certifying officer)			
				Certifying Officer Title here (Title)			
CERTIFICATE OF OFFICE CHARGED							
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.							
				(Authorized administrative or certifying officer)			
(Date)							
				(Title)			
ACCOUNTING CLASSIFICATION - Office Charged							



Deputy Commandant for Mission Support (DCMS)



Homeland Security  
**FE-1080**

United States  
Coast Guard



4. Your unit name and address inserted here.

5. The Coast Guard's address is placed here.

Commandant (DCMS-831)

2100 2<sup>nd</sup> Street S.W.

STOP 7902

Washington, D.C.

20593-0001

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
<small>Standard Form 1380 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury BTFRM 2-2500</small>						SCHEDULE NO.	
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> Address Address City, State Zip code						BILL NO. <b>Your space</b> PAID BY	
Department, establishment, bureau, or office charged <b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE COST PER	AMOUNT DOLLARS AND CENTS		
	1-Nov-06 Thru 30-Nov-06	Active Duty (C06, C11, C12, C13, C14, C22)	150				\$54,000.00
		Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00
		Retiree (C31, C32, C33)	78				\$95,622.00
		Retiree Family Members (C43, C47, C48, C49)	30				\$65,877.00
			TOTAL		\$224,045.00		
Remittance in payment hereof should be sent to -							
Remittance Unit name here Address Address Address Address City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789							
January 0, 1900 (Date)				Certifying Officer Name here (Authorized administrative or certifying officer)			
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CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.							
(Date)				(Authorized administrative or certifying officer)			
				(Title)			
ACCOUNTING CLASSIFICATION - Office Charged							



Deputy Commandant for  
Mission Support (DCMS)





Homeland Security  
**SF-1080**

United States  
Coast Guard



## 6. Date of Delivery:

-MTFs should run their query on a monthly basis.

-List the month of the last patient treatment date on the DD7/DD7A.

Most of the dates on the

**NOTE: AT NO TIME CAN THERE BE MIXED FISCAL YEARS (30 Sep 09 - 1 Oct 09) INCLUDED ON A SINGLE SF-1080.**

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here						BILL NO.	
Address						Your space	
Address						PAID BY	
City, State Zip code							
Department, establishment, bureau, or office charged							
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT		
		OUTPATIENT		COST PER	DOLLARS AND CENTS		
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C23)	150				\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00
		Retiree *(C31, C32, C33)	78				\$95,622.00
		Retiree Family Members *(C43, C47, C48, C49)	30				\$65,877.00
			TOTAL				\$224,045.00
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Unit name here							
Address							
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Address							
Address							
City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds							
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January 0, 1900 (Date)				Certifying Officer Name here (Authorized administrative or certifying officer)			
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				(Title)			
ACCOUNTING CLASSIFICATION - Office Charged							

Mission Support (DCMS)







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7. Label OUTPATIENT or INPATIENT. Invoices and their supporting documentation (DD7/DD7A) must be either outpatient or inpatient, they cannot be combined.

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here Address Address City, State Zip code						BILL NO.	
Department, establishment, bureau, or office charged						PAID BY	
Commandant (CG-1012) U.S. Coast Guard 2400 2nd Street, Room 5116 Washington, DC 20593-0001							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT		
		OUTPATIENT <td></td> <td>COST PER<td colspan="2">DOLLARS AND CENTS</td></td>		COST PER <td colspan="2">DOLLARS AND CENTS</td>	DOLLARS AND CENTS		
	1-Nov-06 Thru 30-Nov-06	Active Duty (C00, C11, C12, C13, C14, C22)	150			\$54,000.00	
		Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00	
		Retiree (C31, C32, C33)	78			\$95,622.00	
		Retiree Family Members (C43, C47, C48, C49)	30			\$65,877.00	
				TOTAL	\$224,045.00		
Remittance in payment hereof should be sent to -							
Remittance Unit name here Address Address Address Address City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789							
January 0, 1900 (Date)		Certifying Officer Name here (Authorized administrative or certifying officer)					
		Certifying Officer Title here (Title)					
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		(Authorized administrative or certifying officer)					
		(Title)					
ACCOUNTING CLASSIFICATION - Office Charged							



Deputy Commandant for  
Mission Support (DCMS)



Homeland Security  
**SE-1080**

United States  
Coast Guard



8. List the Coast Guard's four reimbursement groups:

-Active Duty

-Active Duty Family Members

-Retiree

-Retiree Family Members

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here						BILL NO.	
Address						Your space	
City, State Zip code						PAID BY	
Department, establishment, bureau, or office charged							
<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT		
		OUTPATIENT <td></td> <td>COST PER <td colspan="3">DOLLARS AND CENTS </td></td>		COST PER <td colspan="3">DOLLARS AND CENTS </td>	DOLLARS AND CENTS		
	1-Nov-06 Thru 30-Nov-06	Active Duty *C00, C11, C12, C13, C14, C22)	150				\$54,000.00
		Active Duty Family Members *C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00
		Retiree *C31, C32, C33)	78				\$95,622.00
		Retiree Family Members *C43, C47, C48, C49)	30				\$65,877.00
			TOTAL		\$224,045.00		
Remittance in payment hereof should be sent to -							
<b>Remittance Unit name here</b> <b>Address</b> <b>Address</b> <b>Address</b> <b>Address</b> <b>City, State Zip code</b>							
ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789							
January 0, 1900 (Date)				Certifying Officer Name here (Authorized administrative or certifying officer)			
				Certifying Officer Title here (Title)			
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				(Authorized administrative or certifying officer)			
				(Title)			

ACCOUNTING CLASSIFICATION - Office Charged



Deputy Commandant for Mission Support (DCMS)

# IMPORTANT CHANGE IN PATCATS PLEASE TAKE NOTE

9. Ensure your SF-1080's patient categories match the following reimbursement groups:

## Active Duty

(C00; C11; C12; C13; C14;  
C22; C24; C26; C27; C36)

## Active Duty Family Members

(C25; C28; C37; C41; C45)

## Retiree

(C31; C32; C33)

## Retiree Family Members

(C43; C47)

BETWEEN APPROPRIATIONS AND/OR FUNDS				
SCHEDULE NO.				
BILL NO.				
Your space PAID BY				
Bureau, or office receiving funds e here CG-1012) rd Room 5116 C 20593-0001				
DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE COST PER	AMOUNT DOLLARS AND CENTS
06	Active Duty (C00, C11, C12, C13, C14, C22)	150		\$54,000.00
06	Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00
06	Retiree (C31, C32, C33)	78		\$95,622.00
	Retiree Family Members (C43, C47, C48, C49)	30		\$65,877.00
TOTAL				\$224,045.00
It name here code ACCOUNTING CLASSIFICATION - Office Receiving Funds SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 89				
January 0, 1900 (Date)		Certifying Officer Name here (Authorized administrative or certifying officer)		
		Certifying Officer Title here (Title)		
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.				
(Date)		(Authorized administrative or certifying officer)		
		(Title)		
ACCOUNTING CLASSIFICATION - Office Charged				



Homeland Security  
**SE-1080**

United States  
Coast Guard



## SPECIAL NOTE

10. Patient categories C29, C44, C48, and C49.

If you print DD7s or DD7As with these patient categories (C29, C44, C48, C49), please create a special reimbursement group labeled Other.

### Example:

Active Duty - \$549.00

Active Duty Family Member - \$675.00

Retiree - \$467.00

Retiree Family Member - \$123.00

Other - \$97.00

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS					VOUCHER NO.	
Office receiving funds					SCHEDULE NO.	
Office charged					BILL NO.	
					PAID BY	
					Your space	
112)						
m 5116						
03-0001						
ARTICLE OR SERVICES		QUANTITY	UNIT PRICE		AMOUNT	
OUTPATIENT			COST	PER	DOLLARS AND CENTS	
Active Duty * (C00, C11, C12, C13, C14, C22)		150			\$54,000.00	
Active Duty Family Members * (C24, C25, C26, C27, C28, C29, C41, C45)		50			\$8,546.00	
Retiree * (C31, C32, C33)		78			\$95,622.00	
Retiree Family Members * (C43, C47, C48, C49)		30			\$65,877.00	
			TOTAL		\$224,045.00	
Id be sent to -						
ie here						
ACCOUNTING CLASSIFICATION - Office Receiving Funds						
ON OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS						
Certifying Officer Name here						
(Authorized administrative or certifying officer)						
0, 1900						
(ic)						
Certifying Officer Title here						
(Title)						
CERTIFICATE OF OFFICE CHARGED						
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.						
(Authorized administrative or certifying officer)						
(ic)						
(Title)						
ACCOUNTING CLASSIFICATION - Office Charged						



United States  
Coast Guard



Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> <b>Address</b> <b>Address</b> <b>City, State Zip code</b> Department, establishment, bureau, or office charged		
<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>		
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS				VOUCHER NO.		
Standard Form 1090 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury IFORM 2-2500				SCHEDULE NO.		
Department, establishment, bureau, or office receiving funds				BILL NO.		
Your Unit name here Address Address City, State Zip code Department, establishment, bureau, or office charged				Your space  PAID BY		
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE COST PER		AMOUNT DOLLARS AND CENTS
1-Nov-06 Thru 30-Nov-06		Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00
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		Retiree Family Members *(C43, C47, C48, C49)	30			\$65,877.00
			TOTAL			\$224,045.00
Remittance in payment hereof should be sent to -						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Remittance Unit name here</b>            Address            Address            Address            Address            City, State Zip code         </div> <div style="width: 50%; text-align: right;">           Certifying Officer Name here  <small>(Authorized administrative or certifying officer)</small>              Certifying Officer Title here  <small>(Title)</small> </div> </div>						
ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789						
January 01, 1900 <small>(Date)</small>						
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <small>(Date)</small> </div> <div style="width: 50%; text-align: center;"> <small>(Authorized administrative or certifying officer)</small>  <small>(Title)</small> </div> </div>						
ACCOUNTING CLASSIFICATION - Office Charged						



## Deputy Commandant for Mission Support (DCMS)



Homeland Security  
**FE-1080**

United States  
Coast Guard



12. Insert amount charged to the Coast Guard.
13. Place your remittance address here (mailing address)
14. Place a point of contact and include a current phone number and e-mail address.
- We may be able to correct small issues via phone versus sending the invoice back to the facility.

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here						BILL NO.	
Address						Your space	
City, State Zip code						PAID BY	
Department, establishment, bureau, or office charged							
<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT		
		OUTPATIENT		COST PER	DOLLARS AND CENTS		
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150				\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00
		Retiree *(C31, C32, C33)	78				\$95,622.00
		Retiree Family Members *(C43, C47, C48, C49)	30				\$65,877.00
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Remittance Unit name here							
Address							
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City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds							
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(Date)				(Title)			
ACCOUNTING CLASSIFICATION - Office Charged							



Deputy Commandant for  
Mission Support (DCMS)





United States  
Coast Guard



## 15. Accounting Classification - Office Receiving Funds:

Place accounting documentation in this block.

Standard Form 1386 Computer generated 10/18/2002 Modified after revised version April 1982 Department of the Treasury BTRFM 2-2500						<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>						VOUCHER NO.  SCHEDULE NO.	
Department, establishment, bureau, or office receiving funds <b>Your Unit name here</b> <b>Address</b> <b>Address</b> <b>City, State Zip code</b> <small>Department, establishment, bureau, or office charged</small>												BILL NO.  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>Your space</b>           PAID BY       </div>	
<b>Commandant (CG-1012)</b> <b>U.S. Coast Guard</b> <b>2100 2nd Street, Room 5116</b> <b>Washington, DC 20593-0001</b>													
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT							
		<b>OUTPATIENT</b>		<b>COST</b>	<b>PER</b>	<b>DOLLARS AND CENTS</b>							
	<b>1-Nov-06 Thru 30-Nov-06</b>	Active Duty ¶(C00, C11, C12, C13, C14, C22)	<b>150</b>			<b>\$54,000.00</b>							
		Active Duty Family Members ¶(C24, C25, C26, C27, C28, C29, C41, C45)	<b>50</b>			<b>\$8,546.00</b>							
		Retiree ¶(C31, C32, C33)	<b>78</b>			<b>\$95,622.00</b>							
		Retiree Family Members ¶(C43, C47, C48, C49)	<b>30</b>			<b>\$65,877.00</b>							
			<b>TOTAL</b>		<b>\$224,045.00</b>								
Remittance in payment hereof should be sent to -													
<b>Remittance Unit name here</b> <b>Address</b> <b>Address</b> <b>Address</b> <b>City, State Zip code</b>													
ACCOUNTING CLASSIFICATION - Office Receiving Funds <b>NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS</b> 123456789													
January 0, 1900 <small>(Date)</small>								Certifying Officer Name here <small>(Authorized administrative or certifying officer)</small>					
Certifying Officer Title here <small>(Title)</small>													
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<small>(Authorized administrative or certifying officer)</small>													
<small>(Date)</small>								<small>(Title)</small>					
ACCOUNTING CLASSIFICATION - Office Charged													



## Deputy Commandant for Mission Support (DCMS)





## 15. Accounting Classification (cont.)

### Examples of Accounting:

**ARMY:** 21 8 2020 0015 57 3106  
325796.BD 26FB QSUP CA200

GRE12350109003 AB22 S34031

**NAVY:** AA 17 8 1804 11A0 026  
62767 0 068892 2D 0NTNA0

62767840500T

**DoD:** 97 0 0100 5169 001  
P62190 21.11 RD

RD0XQ000073TT 033181

**Air Force:** 57 8 3400 30 8 48 10  
404200 01 609 660700 1Z

Please place the Agency Location Code (ALC) and your accounting documentation in this block

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT
		OUTPATIENT		COST PER	DOLLARS AND CENTS
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150		\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00
		Retiree *(C31, C32, C33)	78		\$95,622.00
		Retiree Family Members *(C43, C47, C48, C49)	30		\$65,877.00
			TOTAL		\$224,045.00

Remittance in payment hereof should be sent to -

Remittance Unit name here  
Address  
Address  
Address  
City, State Zip code

ACCOUNTING CLASSIFICATION - Office Receiving Funds  
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS  
123456789

January 0, 1900  
(Date)

Certifying Officer Name here  
(Authorized administrative or certifying officer)

Certifying Officer Title here  
(Title)

CERTIFICATE OF OFFICE CHARGED  
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.

(Authorized administrative or certifying officer)

(Date)

(Title)

ACCOUNTING CLASSIFICATION - Office Charged

Deputy Commandant for Mission Support (DCMS)





Homeland Security  
SF-1080



## 15. Accounting Classification (cont.)

Navy

:

Army: Place correct FSN and customer number

Air Force:  
Place correct ADSN

Agency Location Code (ALC) and your accounting documentation in this block

Standard Form 1080  
Computer generated 10/15/2000  
Modeled after revised version April 1982  
Department of the Treasury  
ITPM 2-2500

Department, establishment, Your Unit name  
Address  
Address  
City, State Zip  
Department, establishment

Commandant (CG-1012)  
U.S. Coast Guard  
2100 2nd Street, Room 5116  
Washington, DC 20593-0001

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
1-Nov-06 Thru 30-Nov-06		Active Duty * (C00, C11, C12, C13, C14, C22)	150			\$54,000.00
		Active Duty Family Members * (C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00
		Retiree * (C31, C32, C33)	78			\$95,622.00
		Retiree Family Members * (C43, C47, C48, C49)	30			\$65,877.00
			TOTAL			\$224,045.00

Remittance in payment hereof should be sent to -

Remittance Unit name here  
Address  
Address  
Address  
City, State Zip code

ACCOUNTING CLASSIFICATION - Office Receiving Funds  
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS  
123456789

January 0, 1900  
(Date)

Certifying Officer Name here  
(Authorized administrative or certifying officer)

Certifying Officer Title here  
(Title)

CERTIFICATE OF OFFICE CHARGED  
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.  
(Authorized administrative or certifying officer)

(Date)

(Title)

ACCOUNTING CLASSIFICATION - Office Charged



Deputy Commandant for Mission Support (DCMS)



United States  
Coast Guard



**THIS MATTERS TO YOU!!!!!!!**

**You need to ensure that your accounting string, ALC, and any other required information is properly written and correct! If there is a problem between your MTF and DFAS, we cannot correct the problem. We will have to return the SF-1080 to the SERVICES UBO for correction and resubmission.**

## Transmission Support (DCMS)

Standard Form 1080  
Computer generated 10/15/2002  
Modelled after revised version  
April 1982  
Department of the Treasury  
IFORM 2-2500

**BETWEEN**

Department, establishment, bureau, or office receiving

**Your Unit name here**  
**Address**  
**Address**  
**City, State Zip code**  
Department, establishment, bureau, or office charged

**Commandant (CG-1012)**  
**U.S. Coast Guard**  
**2100 2nd Street, Room 5116**  
**Washington, DC 20593-0001**

ORDER NO.	DATE OF DELIVERY	Accounting Classification	Quantity	Unit Price	Total
1-Nov-06 Thru 30-Nov-06		Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00
		Retiree (C31, C32, C33)	78		\$95,622.00
		Retiree Family Members (C43, C47, C48, C49)	30		\$65,877.00
		<b>TOTAL</b>			<b>\$224,045.00</b>

Remittance in payment hereof should be sent to:

**Remittance Unit name here**  
**Address**  
**Address**  
**Address**  
**City, State Zip code**

ACCOUNTING CLASSIFICATION - Office Receiving Funds  
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS  
123456789

January 0, 1900  
(Date)

Certifying Officer Name here  
(Authorized administrative or certifying officer)

Certifying Officer Title here  
(Title)

CERTIFICATE OF OFFICE CHARGED  
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.

(Authorized administrative or certifying officer)

(Date)

(Title)

ACCOUNTING CLASSIFICATION - Office Charged



Homeland  
Security

United States  
Coast Guard



## 16. Certificate of Office Charged:

**NOTE: Do not use this space. The Coast Guard is the office being charged and we use this space to authorize payment.**

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here						BILL NO.	
Address						Your space	
Address						PAID BY	
City, State Zip code							
Department, establishment, bureau, or office charged							
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT	
		OUTPATIENT <td></td> <td>COST</td> <td>PER</td> <td colspan="2">DOLLARS AND CENTS</td>		COST	PER	DOLLARS AND CENTS	
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00	
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00	
		Retiree *(C31, C32, C33)	78			\$95,622.00	
		Retiree Family Members *(C43, C47, C48, C49)	30			\$65,877.00	
			TOTAL		\$224,045.00		
Remittance in payment hereof should be sent to -							
Remittance Unit name here							
Address							
Address							
Address							
City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds							
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS							
123456789							
January 0, 1900 (Date)							
Certifying Officer Name here (Authorized administrative or certifying officer)							
Certifying Officer Title here (Title)							
CERTIFICATE OF OFFICE CHARGED							
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.							
(Authorized administrative or certifying officer)							
(Date)							
(Title)							
ACCOUNTING CLASSIFICATION - Office Charged							



Deputy Commandant for  
Mission Support (DCMS)



Homeland  
Security

# DD7/DD7A

United States  
Coast Guard



- DD7 is the supporting documentation for inpatient care rendered at MTFs
- DD7A is the supporting documentation for outpatient care rendered at MTFs



Deputy Commandant for  
Mission Support (DCMS)



Homeland Security DD7A

United States Coast Guard



Ensure all patient categories are Coast Guard. Coast Guard patient categories start with the letter **C**.

**NOTE: The Coast Guard does not pay Public Health Service or NOAA invoices.**

Report of treatment Furnished Pay Patients  
Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04

Printed on: 07 Sep 04

Page 3

US Air Force  
78th MSG Force 10  
One Air Force Road  
Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41  
Country of Origin: United States

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Sample of  
DD7A



Deputy Commandant for Mission Support (DCMS)

Date: 07 Sep 04 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76





Homeland Security **DD7A**

United States Coast Guard



Ensure all patient visits are within the same Fiscal Year.

We will not process invoices that have mixed fiscal years.  
(30 Sep 09 - 1 Oct 09)

\*\*\*Ensure all patients visits are within the Date of Delivery month.  
(1 Jan 09 - 31 Jan 09 )\*\*\*

Report of treatment Furnished Pay Patients  
Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04

Printed on: 07 Sep 04

Page 3

US Air Force  
78th MSG Force 10  
One Air Force Road  
Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41  
Country of Origin: United States

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
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Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Sample of  
**DD7A**



Deputy Commandant for Mission Support (DCMS)

Date: 07 Sep 04 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76





Homeland Security

United States Coast Guard



It is your responsibility to ensure all data is accurate:  
 USCG Member  
 PATCAT  
 Service Date  
 MEPRS  
 Amount  
 This will ensure prompt payment

Report of treatment Furnished Pay Patients  
 Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04

Printed on: 07 Sep 04

Page 3

US Air Force  
 78th MSG Force 10  
 One Air Force Road  
 Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41  
 Country of Origin: United States

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
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Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Sample of  
 DD7A



Deputy Commandant for  
 Mission Support (DCMS)

Date: 07 Sep 04 Certified and Authenticated by: \_\_\_\_\_

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76



# Acceptable Invoice Formats

United States  
Coast Guard



- Mail
- CD-ROM (SF1080 and DD7 / DD7A)



Deputy Commandant for  
Mission Support (DCMS)



## Things that cause delays in processing of invoices

- Incorrect math
- Billing multiple fiscal years on the same invoice
- Mixed inpatient or outpatient invoices
- Signing Certificate of Office Charged on SF-1080
- Being billed for other services' patient categories. Only bill us with patient categories starting with C
- Incorrect, unreadable, or missing accounting classification information
- **We would forward the invoice with a brief explanation to the service's UBO**





- SF-1080s and DD7s/DD7As must be legible.
- You do not need to send duplicate copies.
- DO NOT send duplicate bills unless requested by us.
- Bill the CG on a monthly basis.
- Each MTF should send only **ONE** SF-1080 per month for inpatient and **ONE** SF-1080 per month for outpatient.

- **Ensure your accounting information is correct.**

Deputy Commandant for  
Mission Support (DCMS)





IPAC  
Homeland  
Security

(Intra-governmental Payment and Collection)

United States  
Coast Guard



- As of 1 October 2006, the CG stopped paying DoD via checks to ensure compliance with the President's Management Agenda.
- The MOU states DoD will be paid via IPAC.



Deputy Commandant for  
Mission Support (DCMS)



Homeland  
Security

Billing Address

United States  
Coast Guard



**Commandant (DCMS-831)  
U.S. Coast Guard  
2100 2nd Street S.W.  
STOP 7902  
Washington, D.C. 20593-  
7902  
Attn: DoD Invoice  
Processing**



Deputy Commandant for  
Mission Support (DCMS)